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SENATE BILL 101

54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019

INTRODUCED BY

Jeff Steinborn and Deborah A. Armstrong

AN ACT

RELATING TO HEALTH; ENACTING THE HEALTH CARE VALUE AND ACCESS COMMISSION ACT; ESTABLISHING THE HEALTH CARE VALUE AND ACCESS COMMISSION; PROVIDING FOR THE COMMISSION'S POWERS AND DUTIES; GRANTING RULEMAKING AND ASSESSMENT AUTHORITY TO THE COMMISSION; CREATING REPORTING REQUIREMENTS; ESTABLISHING THE HEALTH CARE VALUE AND ACCESS COMMISSION FUND; AMENDING A SECTION OF THE HEALTH INFORMATION SYSTEM ACT TO PROVIDE FOR THE SHARING OF DEPARTMENT OF HEALTH DATA WITH THE HEALTH CARE VALUE AND ACCESS COMMISSION; REPEALING A SECTION OF THE DEPARTMENT OF HEALTH ACT; MAKING AN APPROPRIATION; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. [NEW MATERIAL] SHORT TITLE.--Sections 1 through 10 of this act may be cited as the "Health Care Value and Access Commission Act".

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1 SECTION 2. ~~[NEW MATERIAL]~~ DEFINITIONS.--As used in the
2 Health Care Value and Access Commission Act:

3 A. "chair" means the chair of the commission;

4 B. "commission" means the health care value and
5 access commission;

6 C. "health care provider association" means an
7 organization that represents the interests of persons who are
8 licensed, certified or otherwise authorized to provide health
9 care in the state in the ordinary course of business;

10 D. "health coverage" means the following types of
11 health coverage delivered or issued for delivery in this state:

12 (1) group health coverage governed by the
13 provisions of the Health Care Purchasing Act;

14 (2) individual health insurance policies,
15 health benefits plans and certificates of insurance governed by
16 the provisions of Chapter 59A, Article 22 NMSA 1978;

17 (3) multiple-employer welfare arrangements
18 governed by the provisions of Section 59A-15-20 NMSA 1978;

19 (4) group and blanket health insurance
20 policies, health benefits plans and certificates of insurance
21 governed by the provisions of Chapter 59A, Article 23 NMSA
22 1978;

23 (5) individual and group health maintenance
24 organization contracts governed by the provisions of the Health
25 Maintenance Organization Law;

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1 (6) individual and group nonprofit health
2 benefits plans governed by the provisions of the Nonprofit
3 Health Care Plan Law;

4 (7) medicare or medicare supplement plans; or

5 (8) medical assistance plans governed by the
6 provisions of the Public Assistance Act;

7 E. "health coverage entity" means an entity that is
8 subject to the laws of this state and that contracts or offers
9 to contract, or enters into agreements to provide, deliver,
10 arrange for, pay for or reimburse any costs of health care
11 services, or that provides, offers or administers health
12 benefits plans or managed health care plans in this state. A
13 "health coverage entity" includes a health insurance company, a
14 health maintenance organization, a managed care organization, a
15 third-party administrator, a hospital and health services
16 corporation, a provider service network or a nonprofit health
17 care plan;

18 F. "member" means a member of the commission;

19 G. "provider" means a licensed health care
20 professional or a hospital or other facility authorized to
21 furnish health care services in the state; and

22 H. "superintendent" means the superintendent of
23 insurance.

24 SECTION 3. [NEW MATERIAL] HEALTH CARE VALUE AND ACCESS
25 COMMISSION CREATED--DUTIES--POWERS.--

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1 A. As of June 1, 2019, the "health care value and
2 access commission" is created as an adjunct agency, in
3 accordance with the provisions of the Executive Reorganization
4 Act, to provide oversight and implement recommendations to
5 ensure the sustainability of the health care system in the
6 state.

7 B. Except as provided in Paragraph (13) of
8 Subsection C of this section, the superintendent shall adopt
9 and promulgate rules necessary to carry out the provisions of
10 the Health Care Value and Access Commission Act.

11 C. The commission shall:

12 (1) collect data provided by state agencies
13 pursuant to memoranda of agreement that the commission executes
14 with those agencies;

15 (2) provide focused comprehensive analyses of
16 state health care data, including claims data obtained through
17 an all-payer claims database; cost data; utilization data; and
18 financial information, to enable the development of a baseline
19 of expenditures, quality indicators and utilization of the
20 health care system as a whole;

21 (3) prepare for state and federal changes to
22 payments in coordination with all payers and the health care
23 delivery system in the state;

24 (4) identify innovative responses to address
25 problems with access to care and monitor effectiveness of

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1 mitigating strategies;

2 (5) take steps to identify and remove waste
3 and inefficiency that add no value, identify high-functioning
4 health care delivery and coverage entities and outliers and
5 propose reinvestment in feasible strategies;

6 (6) propose new strategies to address emerging
7 challenges in the provision of access to high-quality,
8 affordable health care;

9 (7) review reports from health coverage
10 entities and other relevant entities pertaining to efforts to
11 reduce costs through health improvement strategies, health
12 indicator and outcome reporting, compensation models for
13 incentivizing clinical preventive services, social intervention
14 strategies, cost and value and related care coordination and
15 health impact analyses;

16 (8) review reports from health coverage
17 entities and applicable state agencies and health care delivery
18 organizations related to provider network adequacy and primary
19 care access, including geographic analysis of comprehensive
20 services such as locally available obstetrics and pediatrics
21 services;

22 (9) seek and receive grant funding from
23 federal, state or local governments or private philanthropic
24 organizations, including in-kind contributions, to defray the
25 costs of operating the commission;

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1 (10) generate funding, including charging
2 assessments or fees, to support the commission's operations in
3 accordance with the duties of the commission, solely for the
4 administrative and operational costs of the commission;

5 (11) assess proposals by state agencies and
6 other entities concerned with payment of health care costs and
7 changes to existing delivery, coverage and payment systems;
8 provided that an assessment shall:

9 (a) be made independently of outside
10 interference;

11 (b) be completed before implementation;
12 and

13 (c) provide analysis of the impact on
14 other payers and state fiscal resources;

15 (12) review proposed private and public health
16 care delivery system capital building and expansion, or
17 consolidation or elimination of services, and issue a public
18 report on the impact of these changes on access, cost and risk
19 to the public health of the population that the proposed
20 capital building and expansion, or consolidation or elimination
21 of services, represents;

22 (13) in accordance with the State Rules Act,
23 adopt and promulgate rules as necessary to establish and
24 administer an all-payer claims database in accordance with the
25 provisions of the Health Care Value and Access Commission Act;

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1 and

2 (14) recommend to the superintendent, for
3 adoption and promulgation by the office of superintendent of
4 insurance, rules that the commission deems necessary to carry
5 out the provisions of the Health Care Value and Access
6 Commission Act.

7 D. The commission may:

8 (1) request and receive data collected by
9 providers, health care provider associations and health
10 coverage entities;

11 (2) sue or be sued or otherwise take any
12 necessary or proper legal action in the execution of its duties
13 and powers; and

14 (3) when necessary for an audit or
15 examination, apply to the district court of Santa Fe county for
16 issuance of a subpoena to compel the attendance of witnesses
17 and the production of books and records. Process under this
18 paragraph shall be served by any sheriff or deputy or by any
19 member of the New Mexico state police without cost. Witnesses
20 not then employed by an agency who are subpoenaed to appear
21 shall receive the same compensation as that provided for
22 witnesses subpoenaed before the district court, paid by the
23 commission.

24 E. The chair may examine persons, administer oaths
25 and require production of papers and records.

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1 F. The commission shall be subject to and comply
2 with the provisions of the:

- 3 (1) Open Meetings Act;
- 4 (2) State Rules Act;
- 5 (3) Inspection of Public Records Act;
- 6 (4) Public Records Act;
- 7 (5) Financial Disclosure Act;
- 8 (6) Accountability in Government Act;
- 9 (7) Gift Act;
- 10 (8) Tort Claims Act; and
- 11 (9) Per Diem and Mileage Act.

12 G. The commission shall not be subject to the
13 provisions of the Procurement Code or the Personnel Act.

14 SECTION 4. [NEW MATERIAL] PROVIDERS--HEALTH COVERAGE
15 ENTITIES--STATE AGENCIES--MANDATORY REPORTING.--Upon the
16 commission's request, a provider, health coverage entity or
17 state agency shall provide health care data that the commission
18 requests.

19 SECTION 5. [NEW MATERIAL] COMMISSION MEMBERSHIP--
20 APPOINTMENT--TERMS--VOTING.--

21 A. The commission shall consist of nine voting
22 members, each of whom are residents of New Mexico, as follows:

- 23 (1) five members, one from each of the five
24 public regulation commission districts, which members shall
25 include:

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1 (a) two members appointed by the
2 governor; and

3 (b) three members appointed by the New
4 Mexico legislative council;

5 (2) a member of a federally recognized Native
6 American tribe, nation or pueblo, appointed by the governor;

7 (3) one public member appointed by the
8 governor;

9 (4) the director of the legislative finance
10 committee, ex officio; and

11 (5) the superintendent, ex officio.

12 B. An appointed member or any member of an
13 appointed member's immediate family or household shall not have
14 any income derived from current or active employment, contract
15 or consultation with the private health care delivery,
16 financing or coverage sector while serving on the commission
17 and for the twelve months preceding appointment to the
18 commission.

19 C. Political party membership on the commission
20 shall not be exclusively representative of a single political
21 party.

22 D. Appointed members shall have at least three
23 years' experience in one of the following areas and shall be
24 selected as follows, coordinated between the governor and the
25 New Mexico legislative council to not duplicate skills:

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1 (1) no more than two members shall have
2 executive-level experience in management or finance in a
3 business related to health care or health economics;

4 (2) at least one member shall have experience
5 in the field of health or human services consumer advocacy;

6 (3) at least one member shall have experience
7 in management or finance not related to health care;

8 (4) at least one member, who shall not be a
9 current public official, shall have experience related to
10 health care policy; and

11 (5) at least one member shall have experience
12 related to purchasing or negotiating health care benefits for
13 employees.

14 E. By July 1, 2019, the governor shall call the
15 first meeting of the commission. At that meeting:

16 (1) members shall choose a chair, who shall
17 call subsequent meetings of the commission, and a vice chair,
18 who shall call subsequent meetings when the chair is
19 unavailable; provided that thereafter, the commission shall
20 elect its chair and vice chair in open session in even-numbered
21 years from among the members; and

22 (2) appointed members shall choose their
23 initial terms by lot as follows:

24 (a) two members shall serve two-year
25 terms;

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1 (b) two members shall serve three-year
2 terms; and

3 (c) three members shall serve four-year
4 terms.

5 F. After expiration of the commission's initial
6 terms, members shall serve four-year terms. An appointed
7 member shall serve until the member's successor is appointed
8 and qualified.

9 G. The commission shall meet at the call of the
10 chair. It shall meet at least once monthly from July 1, 2019
11 until December 31, 2020 and thereafter no less than once per
12 calendar quarter.

13 H. A majority of members constitutes a quorum. The
14 commission may allow members' participation in meetings by
15 telephone or by other electronic media that allow full
16 participation.

17 I. A chair or vice chair shall serve no more than
18 two consecutive two-year terms.

19 J. A vacancy shall be filled by appointment by the
20 original appointing authority in accordance with the provisions
21 of Subsection A of this section. The newly appointed member
22 shall serve for the remainder of the unexpired vacated term.

23 K. An appointed member may be removed from the
24 commission by a majority vote of the members. The commission
25 shall set standards for attendance and may remove a member for

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1 lack of attendance, neglect of duty or malfeasance in office.
2 An appointed member shall not be removed without proceedings
3 consisting of at least one notice of hearing and an opportunity
4 to be heard. Removal proceedings shall take place before the
5 commission and in accordance with rules adopted by the
6 commission.

7 L. Appointed members may receive per diem and
8 mileage in accordance with the Per Diem and Mileage Act,
9 subject to appropriation by the legislature. Appointed members
10 shall receive no other compensation, perquisite or allowance
11 for their service on the commission.

12 SECTION 6. [NEW MATERIAL] REPORTING AND USE OF DATA.--

13 A. In a format specified in memoranda of agreement
14 between the following entities and the commission, the
15 following entities shall share data as requested by the
16 commission, which data shall relate to health coverage and
17 services to allow the commission to measure utilization, costs,
18 charges and outcomes achieved:

- 19 (1) the department of health;
20 (2) the human services department;
21 (3) the children, youth and families
22 department;
23 (4) the aging and long-term services
24 department;
25 (5) the corrections department;

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- 1 (6) provider licensing boards;
2 (7) the office of superintendent of insurance;
3 (8) the risk management division of the
4 general services department;
5 (9) the retiree health care authority;
6 (10) the Albuquerque public school district;
7 (11) the public school insurance authority;
8 (12) the New Mexico health insurance exchange;
9 (13) the university of New Mexico;
10 (14) any other state or county instrumentality
11 that the commission specifies;
12 (15) health coverage entities doing business
13 in the state; and
14 (16) any provider doing business in the state.

15 B. Data shall be reported electronically in
16 aggregate form, except where the commission deems that de-
17 identified patient-specific data are necessary to provide
18 unduplicated information. The commission shall report data
19 received only in aggregate form and shall not release any
20 individual-identifying information or corporate proprietary
21 information for any purpose except as provided by state law,
22 federal law or court order.

23 C. In developing data reporting rules, the
24 commission shall seek and consider input from providers, health
25 care provider associations and health coverage entities as the

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1 commission deems relevant on:

2 (1) the format, timing and method of
3 transmission of data from the entities listed in Subsection A
4 of this section;

5 (2) the prevention of duplicative reporting;
6 and

7 (3) strategies for making data reporting the
8 least burdensome possible.

9 D. The commission shall not request data that a
10 state or county instrumentality has collected and could submit
11 to the commission.

12 E. The commission shall conduct periodic audits to
13 ensure the general accuracy of the financial data submitted to
14 the commission.

15 F. Notwithstanding any other provision of this
16 section, if a provider, health care provider association or
17 health coverage entity deems that information contained in data
18 submission contains material that it considers to be a trade
19 secret, it shall include that information in a separate section
20 of its submission and include a request for the commission to
21 consider and determine whether that information should be kept
22 confidential.

23 G. The commission shall propose to the
24 superintendent rules for adoption that relate to data storage
25 and data sharing to make data available to other state agencies

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1 and for academic and analytical purposes in accordance with
2 state and federal privacy laws.

3 SECTION 7. [NEW MATERIAL] CREATION OF ADVISORY
4 COUNCILS.--The commission shall create ad hoc or permanent
5 advisory councils for content expertise. The commission shall
6 determine in its first year the number and composition of
7 advisory councils that will be permanent. The commission shall
8 seek input on what issues to prioritize from health care
9 delivery system experts and health coverage entities.

10 SECTION 8. [NEW MATERIAL] OPERATIONAL PLAN.--

11 A. By November 1, 2020, the commission shall
12 develop a comprehensive operational plan describing the
13 commission's time line and implementation strategy, including
14 any policy or legislative recommendations, for building
15 research, analysis and advisory capacity. The commission shall
16 present the operational plan and recommendations to the
17 legislature and governor. The operational plan and
18 recommendations shall include preliminary reporting with
19 definitions of priorities for the first year of the
20 commission's operation and plans for addressing current
21 priorities and time frames for the following and any new or
22 unexpected priorities that the commission deems to be of more
23 urgent necessity:

24 (1) the need for a time frame to complete an
25 in-depth review of expenditures, cost drivers, payment and

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1 service delivery components of the total health care sector in
2 the state and a cost growth estimate;

3 (2) a time frame and steps to fund and
4 implement an all-payer claims database, including its location,
5 relationship to the commission, security provisions for data
6 and data-sharing rules;

7 (3) current impacts of federal legal and
8 regulatory changes on health care costs, benefits, coverages
9 and delivery systems that have been issued by the federal
10 government that affect health care delivery or payment,
11 including any changes that might affect graduate medical
12 education funding;

13 (4) review and recommendations for efficiency
14 improvements and cost savings, including bulk purchasing, of
15 public sector programs and products where feasible and
16 beneficial to increase the number of individuals covered,
17 restrain cost growth and improve value and outcomes;

18 (5) assessment of potential and possible
19 health care and prescription drug cost transparency tools for
20 consumers, payers and providers;

21 (6) assessment of health care disparities and
22 barriers to access in the state, both rural and urban,
23 strategies for promoting recruitment and retention of
24 providers, decentralized provider training programs, analysis
25 of geographic and provider access barriers, needs and impact of

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1 the uninsured and the role of emerging solutions, including the
2 use of technology to address access and quality needs;

3 (7) payment and service delivery components of
4 the total health care sector in the state and a cost growth
5 estimate;

6 (8) steps to fund and implement an all-payer
7 claims database;

8 (9) impacts of federal legal and regulatory
9 changes on health care costs, benefits, coverages and delivery
10 systems;

11 (10) administrative reorganization or
12 coordination, including bulk purchasing, of public sector
13 programs and products where feasible and beneficial to increase
14 the number of individuals covered, restrain cost growth and
15 improve value and outcomes;

16 (11) development of health care and
17 prescription drug cost transparency tools for consumers, payers
18 and providers;

19 (12) strategies for developing and
20 implementing health care quality and value improvement
21 measures, including measures to curb medical and pharmaceutical
22 waste;

23 (13) health care delivery system improvements
24 and accountability, including promoting recruitment and
25 retention of providers, development of medical homes,

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1 evaluation of community-based delivery systems, analysis of
2 geographic access issues and review of utilization trends; and

3 (14) impact of technology on health care.

4 B. By November 1, 2021 and by November 1 each year
5 thereafter, the commission shall meet to evaluate adherence and
6 needed revisions to the commission's operational plan. The
7 commission shall generate a progress report that shall be
8 presented to the governor and legislature.

9 SECTION 9. [NEW MATERIAL] EXECUTIVE DIRECTOR--STAFF.--

10 A. The commission shall appoint an executive
11 director of the commission. The executive director shall have
12 at least five years' experience in health care policy,
13 management, delivery, financing or coverage. The commission
14 shall develop a process for evaluating the executive director's
15 performance. The executive director shall carry out the day-
16 to-day operations of the commission.

17 B. The executive director of the commission:

18 (1) shall employ and fix the compensation of
19 those persons necessary to discharge the duties of the
20 commission, including regular, full-time employees;

21 (2) shall propose to the commission an annual
22 budget for the commission;

23 (3) shall report to the commission no less
24 than once monthly from July 1, 2019 until July 1, 2020 and no
25 less than quarterly after July 1, 2020;

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1 (4) may contract with persons for professional
2 services that require specialized knowledge or expertise; and

3 (5) may organize staff into operational units
4 as the executive director sees fit in order to facilitate the
5 commission's work.

6 SECTION 10. [NEW MATERIAL] HEALTH CARE VALUE AND ACCESS
7 COMMISSION FUND--CREATION--APPROPRIATIONS.--

8 A. The "health care value and access commission
9 fund" is created as a nonreverting fund in the state treasury.
10 The fund shall consist of revenue from assessments and other
11 sources pursuant to Paragraph (10) of Subsection C of Section 3
12 of the Health Care Value and Access Commission Act,
13 appropriations, reimbursements, gifts, grants, donations and
14 bequests made to the fund. Income from the fund shall be
15 credited to the fund, and money in the fund shall not revert or
16 be transferred to any other fund at the end of a fiscal year.

17 B. The commission shall administer the fund. Money
18 in the fund is appropriated to the commission to carry out the
19 provisions of the Health Care Value and Access Commission Act.

20 C. Money in the fund shall be disbursed on warrants
21 signed by the secretary of finance and administration pursuant
22 to vouchers signed by the chair or the chair's authorized
23 representative.

24 SECTION 11. Section 24-14A-3 NMSA 1978 (being Laws 1989,
25 Chapter 29, Section 3, as amended) is amended to read:

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1 "24-14A-3. HEALTH INFORMATION SYSTEM--CREATION--DUTIES OF
2 DEPARTMENT.--

3 A. The "health information system" is created for
4 the purpose of assisting the department, legislature, health
5 care value and access commission and other agencies and
6 organizations in the state's efforts in collecting, analyzing
7 and disseminating health information to assist:

8 (1) in the performance of health planning and
9 policymaking functions, including identifying personnel,
10 facility, education and other resource needs and allocating
11 financial, personnel and other resources where appropriate;

12 (2) consumers in making informed decisions
13 regarding health care; and

14 (3) in administering, monitoring and
15 evaluating a statewide health plan.

16 B. In carrying out its powers and duties pursuant
17 to the Health Information System Act, the department shall not
18 duplicate databases that exist in the public sector or
19 databases in the private sector to which it has electronic
20 access. Every governmental entity shall provide the department
21 with access to its health-related data as needed by the
22 department. The department shall collect data from data
23 sources in the most cost-effective and efficient manner.

24 C. The department shall establish, operate and
25 maintain the health information system.

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1 D. In establishing, operating and maintaining the
2 health information system, the department shall:

3 (1) obtain information on the following health
4 factors:

5 (a) mortality and natality, including
6 accidental causes of death;

7 (b) morbidity;

8 (c) health behavior;

9 (d) disability;

10 (e) health system costs, availability,
11 utilization and revenues;

12 (f) environmental factors;

13 (g) health personnel;

14 (h) demographic factors;

15 (i) social, cultural and economic
16 conditions affecting health, including language preference;

17 (j) family status;

18 (k) medical and practice outcomes as
19 measured by nationally accepted standards and quality of care;
20 and

21 (1) participation in clinical research
22 trials;

23 (2) give the highest priority in data
24 gathering to information needed to implement and monitor
25 progress toward achievement of the state health policy,

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1 including determining where additional health resources such as
2 personnel, programs and facilities are most needed, what those
3 additional resources should be and how existing resources
4 should be reallocated;

5 (3) standardize collection and specific
6 methods of measurement across databases and use scientific
7 sampling or complete enumeration for collecting and reporting
8 health information;

9 (4) take adequate measures to provide health
10 information system security for all health data acquired under
11 the Health Information System Act and protect individual
12 patient and health care practitioner confidentiality. The
13 right to privacy for the individual shall be a major
14 consideration in the collection and analysis of health data and
15 shall be protected in the reporting of results;

16 (5) adopt and promulgate rules necessary to
17 establish and administer the provisions of the Health
18 Information System Act, including an appeals process for data
19 sources and procedures to protect data source proprietary
20 information from public disclosure;

21 (6) establish definitions, formats and other
22 common information standards for core health data elements of
23 the health information system in order to provide an integrated
24 financial, statistical and clinical health information system,
25 including a geographic information system, that allows data

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1 sharing and linking across databases maintained by data sources
2 and federal, state and local public agencies;

3 (7) develop and maintain health and health-
4 related data inventories and technical documentation on data
5 holdings in the public and private sectors;

6 (8) collect, analyze and make available health
7 data to support preventive health care practices and to
8 facilitate the establishment of appropriate benchmark data to
9 measure performance improvements over time;

10 (9) establish and maintain a systematic
11 approach to the collection and storage of health data for
12 longitudinal, demographic and policy impact studies;

13 (10) use expert system-based protocols to
14 identify individual and population health risk profiles and to
15 assist in the delivery of primary and preventive health care
16 services;

17 (11) collect health data sufficient for
18 consumers to be able to evaluate health care services, plans,
19 providers and payers and to make informed decisions regarding
20 quality, cost and outcome of care across the spectrum of health
21 care services, providers and payers;

22 (12) collect comprehensive information on
23 major capital expenditures for facilities, equipment by type
24 and by data source and significant facility capacity
25 reductions; provided that for the purposes of this paragraph

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1 and Section 24-14A-5 NMSA 1978, "major capital expenditure"
2 means purchases of at least one million dollars (\$1,000,000)
3 for construction or renovation of facilities and at least five
4 hundred thousand dollars (\$500,000) for purchase or lease of
5 equipment, and "significant facility capacity reductions" means
6 those reductions in facility capacities as defined by the
7 department;

8 (13) serve as a health information
9 clearinghouse, including facilitating private and public
10 collaborative, coordinated data collection and sharing and
11 access to appropriate data and information, maintaining patient
12 and client confidentiality in accordance with state and federal
13 requirements;

14 (14) collect data in the most cost-efficient
15 and effective method feasible and adopt rules that place a
16 limit on the maximum amount of unreimbursed costs that a data
17 source can incur in any year for the purposes of complying with
18 the data requirements of the Health Information System Act;

19 [~~and~~]

20 (15) identify disparities in health care
21 access and quality by aggregating the information collected
22 pursuant to Paragraph (1) of this subsection by population
23 subgroups to include race, ethnicity, gender and age; and

24 (16) share data with the health care value and
25 access commission, in a format and manner determined pursuant

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1 to a memorandum of agreement between the department and the
2 commission.

3 E. The health care value and access commission is
4 authorized to access all data submitted to the department and
5 to determine the frequency and content of reports generated
6 from data received from providers, health care provider
7 associations and health coverage entities. The department
8 shall not duplicate reports generated by the commission.

9 F. As used in this section, "health coverage
10 entity" means an entity that is subject to the laws of this
11 state and that contracts or offers to contract, or enters into
12 agreements to provide, deliver, arrange for, pay for or
13 reimburse any costs of health care services, or that provides,
14 offers or administers health benefits plans or managed health
15 care plans in this state. A "health coverage entity" includes
16 a health insurance company, a health maintenance organization,
17 a managed care organization, a third-party administrator, a
18 hospital and health services corporation, a provider service
19 network or a nonprofit health care plan."

20 **SECTION 12. APPROPRIATION.--**Two million dollars
21 (\$2,000,000) is appropriated from the general fund to the
22 health care value and access commission fund for expenditure in
23 fiscal year 2020 and subsequent fiscal years to fund the
24 establishment of the health care value and access commission
25 established pursuant to the Health Care Value and Access

.212073.1

underscoring material = new
~~[bracketed material] = delete~~

1 Commission Act and execution of the provisions of that act.
2 Any unexpended or unencumbered balance remaining at the end of
3 a fiscal year shall not revert to the general fund.

4 SECTION 13. REPEAL.--Section 9-7-11.2 NMSA 1978 (being
5 Laws 1991, Chapter 139, Section 2, as amended) is repealed.

6 SECTION 14. SEVERABILITY.--If any part or application of
7 this act is held invalid, the remainder or its application to
8 other situations or persons shall not be affected.

9 SECTION 15. EMERGENCY.--It is necessary for the public
10 peace, health and safety that this act take effect immediately.